New Hampshire Form D

	No
STATE OF NEW HAMPSHIRE	Rec'd
DEPARTMENT OF STATE	App'd
BUREAU OF SECURITIES REGULATION	Fee
	Granted

Application for License for New Hampshire Issuer-Dealer

To the Secretary of State

	-		
in this st		shire Blue Sky Law and mal	it to sell its securities kes the following statement:
	s of applicant		
	one No.		
5. (a) Ty			rtnership/LLP
			ity and title of all persons tors, managers or managing
Name	Residence	Business Address	Capacity and Title
			
8. In what	other states have you	ever applied for a secur	ities license?
9. In wh	at other state are you	licensed or registered?	_
specifying	the nature of propert g business, whether by	an and character of the bury in which it is proposed solicitation, advertisement	to deal, and the method of

11.	Type and amount	of securities	for which qua	lification is r	eques	sted					
— Т	here are attached	hereto and	made a part h	ereof·							
	There are attached hereto and made a part hereof: a) Copy of charter, articles of incorporation, or limited liability company, or limited partnership										
(α)	a) Copy of charter, articles of incorporation, or limited liability company, or limited partnership agreement certified by proper state official.										
(b)	o) Copy of by-laws certified by Clerk of the Corporation										
(c)	Certified copies of Profit and Loss Statement and Balance Sheet as of last December 31, or close of fiscal year.										
(d)	d) Pro-forma Balance Sheet (if new entity with no operating history).										
(e)	e) Copy of offering memorandum or prospectus.										
(f)	f) Three references as to the business repute and character of applicant, from unaffiliated persons, including names, addresses, and telephone numbers.										
(g)	Form D-1, prope	rly executed,	by each of th	e persons si	gning	below.					
(h)	There is enclose (Corporate seal in			iling this app	olicatio	on.					
AG	S APPLICATION ENTS, OR PARTN							CTORS,	MANAG	ERS, M	ANAGING
(Sig	gn here)				5.						
			Date							Date	
	DOB	SS#				DOB		SS#			-
2			Date	_	6					Date	
	DOB	SS#				DOB		SS#			_
3.					7						
-			Date							Date	
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	DOB	SS#		-		DOB		SS#			
		33,11				DOB		CON			
;	STATE OE										
(COUNTY OF										
;	Subscribed and sv	vorn to befor	e me this	day of		,	-				
		Nota	ary Public								
		My commi	ssion expires								